FOR BOARD AND OFFICE USE ONLY								
Date Issued: L			lum	ber:				
]	KENTUCKY BOARD OF LICENSURE FOR OCCUPATIONAL THERAPY P.O. BOX 1360 FRANKFORT, KY 40602 http://bot.ky.gov							
	APPLICATION FOR LICENSURE AS AN OCC	CU	PA	TIONAL THERAPIST				
Pi	A non-refundable application fee of \$50 (fifty dollars) lease make check or money order payable to the Kentuck CASH. Please mail the completed application and the applica	y S	State	e Treasurer. DO NOT SEND				
П	Temporary			Comments				
1.	Application Fee							
2.	Evidence of completion of educational requirements							
	and / or fieldwork (transcript / FEW)							
3.	Letter of Supervision form stating:							
	A. Willing to Provide Supervision							
	B. Responsible for applicant's activities							
4.	Proof of permission to work in the US (non-citizen)							
5.	Confirmation of Eligibility letter (NBCOT)							
	Full Licensure							
1.	Application Fee							
2.	Certified copy of college transcript							
3.	Copy of large NBCOT certificate or score report							
4.	Permission to work in the US (non-citizen)							
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	Licensed in another state							
1.	Application Fee		<u> </u>					
2.	Copy of current or initial large NBCOT certificate or score report							
3.	Completion of state(s) verification form(s)							

If seeking temporary permit prior to full licensure, please check here: I understand that passing the NBCOT exam does not constitute a license to practice Occupational Therapy. I must inform KBLOT and demonstrate proof of passing the NBCOT exam. I am not licensed in Kentucky until notified by KBLOT. 201 KAR 28:180 Section 4

Permission to work in the US (non-citizen)

Name:	Last	Last First		Middle				
•								
2. Home Add	dress: Street		City	State	Zip Code			
Home Au	aress. Street		Cuy	Siute	Lip Coue			
3.								
Telepho	one Number	Mobile Number	Social Security Num	ber Dat	te of Birth			
ъ.								
Emai	l Address:							
and furnis	u a citizen of the h the Board a cop n to work in the U	py of your US Department	of Immigration docume	· ·	y of citizenship t you legal			
5. Have you ever been convicted of a felony? Yes No If yes, attach explanation.								
6. Have you been convicted during the past five (5) years of a misdemeanor or any violation involving moral turptitude? Yes No If yes, attach explanation.								
7. Have you ever been declared mentally incompetent by a court of competent jurisdiction and not thereafter been declared lawfully sane? Yes No								
8. Have you ever been licensed as an occupational therapist in any state? Yes No								
If you		o the previous question, pl	ease list the licenses bel	ow:	S THROUGH			
	ou ever been sub andards & Ethics	ojected to disciplinary action Commission? Yes		oard, by NBCO, attach explana				
10A. Is your license as an occupational therapist currently under disciplinary review in another state? Yes No								
10B. Have you ever had a an application for licensure as an occupational therapist rejected? Yes No								
	TE Accredited E of School	ducation Program: Degree	e or Diploma That Quali Dates Attended		ree or Diploma			
Education: Fieldwork Experiences: Is 24-weeks of Level II Fieldwork posted on your transcript? Yes No If no, attach documentation.								
12. Emplacement for		s an occupational therapis	t. Begin with current or	proposed empl	oyment, and			
	FACILI	TY CITY, STATE	DATES OF EMPLOYMENT	POSITION	PHONE #			

PROPOSED:							
PRESENT:							
PAST:							
If additional space is needed, please attach a separate sheet containing that information.							
APPLICANT'S AFFIDAVIT							
I, the applicant in the above, do hereby certify under penalty of law that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that, should investigation at any time disclose any such misrepresentation or falsification, my application could be rejected or my license revoked by the Kentucky Board of Licensure for Occupational Therapy.							
DATE	APPLICANT'S SI	GNATURE					